



Child Aware Approaches
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Improving the health of rural children: Strengthening screening practices to identify and address risk

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About Royal Far West

- RFW is a unique setting offering services targeted toward specific areas of need in rural and remote areas and in Manly.
- RFW offers a secondary referral service and a tertiary referral and multi-disciplinary developmental assessment service.
- The multi-disciplinary team of specialist paediatric clinicians includes: paediatricians, psychiatrists, clinical psychologist, registered nurses, social workers, OT's, speech pathologists, physiotherapist, dietician, orthoptist and dentists.

How the project came about

- Review of RFW'S client database indicated a significant percentage of families were experiencing difficulty.
- Clinicians interested in the development of an additional screening tool to allow early identification of significant family issues.
- Approach aligns with new strategic framework which reflects the strong commitment to children and families in country NSW.
- Successful application to FaHCSIA for a Child Aware Initiative Grant enabled RFW to address these issues.

Aims

To:

- develop, implement and evaluate an improved assessment for children at risk of exposure to domestic violence, childhood sexual assault, parental mental health difficulties and alcohol and other drug issues.
- provide RFW's clinical staff with a greater capacity to work in collaboration with parents and other agencies throughout the client journey.
- maximise parental capacity by ensuring engagement with appropriate support services.
- strengthen partnerships with local communities to support families.

What we did

- Completed a literature review and consulted health experts to identify best practice.
- Reviewed existing RFW intake tools and processes and consulted staff.
- Developed, implemented and evaluated an additional telephone questionnaire regarding family difficulties.
- Asked additional questions about health issues to inform program development.
- Ensured family issues were noted and followed up.

How we measured it

Used mixed methods:

- Quantitative data from 35 parents/carers in eight key health domains.
- Qualitative data – semi-structured interviews with 11 staff prior to and 4 staff post implementation of questionnaire.
- Follow-up interviews conducted with eight mothers.
- Cyclical process of observation, reflection and action.

How we did it

3 stage process:

- Identified red flags through screening and scheduled appointments with appropriate clinicians, particularly social workers and psychologists.
- Parents supported to enhance parenting strategies and practical skills.
- Parents supported to access local services for themselves and child.

How did we judge its success?

The analysis addresses four main questions:

- How effective are the existing screening tools and processes?
- Has the new screening tool and process led to improved identification of problems in the areas of domestic violence, child sexual assault and parent mental health and alcohol and other drug issues?
- Has the identification of risk issues led to responses that would provide better outcomes for clients and families?
- What is the best way to implement the findings of the study to improve practice?

Some quantitative findings

Out of home care	23%
Concerns about behaviour - Verbal aggression	43%
Physical aggression	40%
No concerns	34%
Concerns about child's relationships with family or friends	66%
Member of family has mental health issue	46%
Respondent feels depressed or has mental health concerns	49%
Accessed help for a mental health issue	51%
Major stress factors in respondents lives	60%
Have someone to talk to	94%
Get support locally	80%
Most local support gained from – Family	71%
Friends	31%
Services (psychologist, GP, caseworker, Brighter Futures, school personnel, CommuniCare 5000)	31%
Number of drinks in a typical drinking day – 1 or 2	49%
3 or 4	20%
Smokers	20%
Exposed to smokers	49%

Qualitative findings

- Clearer understanding of issues experienced by clients and families.
- Appropriate appointments scheduled and issues followed up at time of seeing clinicians and post visit.
- Parents supported to enhance parenting and coping skills.
- Parents were assisted to access local services.
- Supported capacity building in local community via teleconferences, reports and direct contact.

Next steps

- To embed key screening questions/areas identified.
- Identified a process for continuing this work:
 - update protocols, strengthening intake process and provide training for key staff.
- Continue to form partnerships and link in to local community services.
- Continue to monitor outcomes for families.